

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-09-2003 90041 018 ****50.00

DOCUMENT # L02000029363

1. Entity Name

GJC HOLDINGS LLC



Principal Place of Business

~~600 N.E. 36TH STREET, #T-23~~
~~MIAMI FL 33137~~

Mailing Address

~~600 N.E. 36TH STREET, #T-23~~
~~MIAMI FL 33137~~

2. Principal Place of Business

5565 La Gorce Dr

3. Mailing Address

5565 La Gorce

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

13-4219022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK, GINA

~~600 N.E. 36TH STREET, #T-23~~
~~MIAMI FL 33137~~

7. Name and Address of New Registered Agent

Name

GINA KIRKPATRICK

Street Address (P.O.-Box Number is Not Acceptable)

5565 LA Gorce DRIVE

City

Miami Beach

FL

Zip Code

33140

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete
NAME **Gina L. KIRKPATRICK**
STREET ADDRESS **5565 La Gorce Dr**
CITY-ST-ZIP **Miami Beach FL 33140**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)